

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, October 30, 2015 at the hour of 9:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Hammock called the meeting to order.

Present: Chairman M. Hill Hammock, Vice Chairman Hon. Jerry Butler and Directors Lewis M. Collens; Ric Estrada; Ada Mary Gugenheim; Emilie N. Junge; Wayne M. Lerner, DPH, LFACHE; Erica E. Marsh, MD, MSCI; Mary B. Richardson-Lowry; Carmen Velasquez; and Dorene P. Wiese (11)

Absent: None (0)

Additional attendees and/or presenters were:

Douglas Elwell – Deputy CEO of Finance and Strategy
Claudia Fegan, MD – Executive Medical Director/Medical Director-Stroger
Steven Glass – Executive Director of Managed Care
Aaron Hamb, MD – Provident Hospital of Cook County

Gladys Lopez –Chief of Human Resources
Charlene Luchsinger - Director, Medical Staff Services
Jeffrey McCutchan – Associate General Counsel
Elizabeth Reidy – General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer

II. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and additional information is included in Attachment #5 - Report from the Chief Executive Officer.

III. Public Speakers

Chairman Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speakers:

1. George Blakemore Concerned Citizen
2. Hon. Robert B. Steele Member, Board of Commissioners of Cook County

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, September 25, 2015

Director Lerner, seconded by Director Marsh, moved the approval of the Minutes of the Board of Directors Meeting of September 25, 2015. THE MOTION CARRIED.

Director Richardson-Lowry abstained, as she was not in attendance at that meeting.

IV. Board and Committee Reports (continued)

B. Managed Care Committee Meeting, October 20, 2015

- i. Metrics (Attachment #1)
- ii. Focus Area Presentation - Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results (included in Attachment #1)
- iii. Meeting Minutes

Director Lerner presented the Meeting Minutes and reviewed the Metrics and presentation on the CAHPS Survey results with Steven Glass, Executive Director of Managed Care. The Board reviewed and discussed the information.

With regard to the measure relating to 90-day maintenance prescriptions, Director Lerner asked for suggestions of what can be done to really ramp up that issue and reach the goal of 85%. Mr. Glass stated that the data reflects that the bulk of maintenance medications are being filled by specialists; the administration is now looking at how to get that back to the primary care physician, make sure they are more informed, and start to manage it from that perspective. Director Lerner recommended that this measure and the other measure relating to HIV medications remain a part of next year's metrics.

During the discussion of the CAHPS survey results, Director Velasquez inquired whether race data was collected. Mr. Glass responded that he will check; he was unsure if it was collected in this survey. Chairman Hammock inquired whether the results regarding respondents' perceived health status and mental/emotional health status were consistent with national scores. Mr. Glass responded that he will find out.

Director Wiese inquired whether the data can be sorted by facility; this ties into the subject of assessing how long it is taking for patients to see specialists. Mr. Glass stated that staff can look into that question. It was noted that this is a survey of CountyCare members (ACA Adult population) who receive care within the network – these results are not exclusively pertaining to CCHHS facilities or staff. He stated that, as a health plan, CountyCare is required to demonstrate health plan adequacy across the network; in that measurement, it has demonstrated adequacy in the network. This is measured by data relating to the third next available appointment. (Further discussion on the subject of receiving data on third next appointment for CCHHS as a provider took place later in the meeting, during the review of the Finance Committee Meeting Minutes.)

Director Lerner, seconded by Vice Chairman Butler, moved the approval of the Minutes of the Managed Care Committee Meeting of October 20, 2015. THE MOTION CARRIED UNANIMOUSLY.

C. Quality and Patient Safety Committee Special Meeting, October 20, 2015

- i. Metrics (not presented at this meeting)
- ii. Meeting Minutes, which include the following action items:
 - Medical Staff Appointments/Reappointments/Changes
 - Stroger Hospital Medical Staff Credentialing Matters

Director Lerner, who served as Acting Chairman of the Quality and Patient Safety Committee for this Special Meeting, indicated that information would be presented in the Board's closed meeting regarding this item.

IV. Board and Committee Reports

C. Quality and Patient Safety Committee Special Meeting, October 20, 2015 (continued)

Action was taken on this item following the adjournment of the closed meeting.

Director Lerner, seconded by Director Marsh, moved that the Cook County Health and Hospitals System Board of Directors approve the October 20, 2015 Minutes of the Special Meeting of the Quality and Patient Safety Committee, with the exception of the Medical Staff Appointments/Reappointments/Changes and the Stroger Hospital Medical Staff Credentialing Matters, which will be the subject of separate motions. THE MOTION CARRIED UNANIMOUSLY.

Director Lerner, seconded by Director Marsh, moved that the Cook County Health and Hospitals System Board of Directors adopt the recommendation of the Quality and Patient Safety Committee to approve all medical staff appointments/reappointments/changes set forth in the list submitted by the Executive Medical Staff Committee of the John H. Stroger Jr. Hospital of Cook County that were approved at their October 13, 2015, meeting. THE MOTION CARRIED UNANIMOUSLY.

Director Lerner, seconded by Director Marsh, moved that the Cook County Health and Hospitals System Board of Directors adopt the recommendation of the Quality and Patient Safety Committee to approve all medical staff appointments/reappointments/changes set forth in the list submitted by the Medical Executive Committee of the Provident Hospital of Cook County that were approved by the Provident Medical Executive Committee on October 6, 2015 with the exception of Provider #1, who was the subject of discussion at today's closed meeting. THE MOTION CARRIED UNANIMOUSLY.

Director Lerner, seconded by Director Velasquez, moved that, based upon assurances that CCHHS policies and practices routinely provide for review of the work of this provider, the Cook County Health and Hospitals System Board of Directors adopt the recommendation of the Quality and Patient Safety Committee to refer the application for reappointment and grant of clinical privileges requested by Provider #1 back to the Provident Hospital of Cook County's Medical Executive Committee for further investigation for the reasons discussed by this Board during the closed meeting, and further moved that this Board direct the Provident Medical Executive Committee that this application for reappointment be processed as a non-expedited application under the Bylaws of the Medical Staff of Provident Hospital. THE MOTION CARRIED.

Director Junge abstained; she stated that she previously represented providers in her former employment.

Director Lerner, seconded by Director Richardson-Lowry, moved that the Cook County Health and Hospitals System Board of Directors adopt the recommendation of the Quality and Patient Safety Committee to adopt the Recommendations and Reports, and the grounds set forth therein, of the Stroger Hospital Executive Medical Staff Committee, the Stroger Hospital Credentials Committee, and the Stroger Hospital Advance Practice Provider Peer Review Committee, and revoke the clinical privileges of Provider #2, who was the subject of the credentialing matter considered in today's closed meeting. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports

C. Quality and Patient Safety Committee Special Meeting, October 20, 2015 (continued)

Director Lerner, seconded by Director Richardson-Lowry, moved that the Cook County Health and Hospitals System Board of Directors adopt the recommendation of the Quality and Patient Safety Committee to adopt the Recommendations and Reports, and the grounds set forth therein, of the Stroger Hospital Executive Medical Staff Committee, the Stroger Hospital Credentials Committee, and the Stroger Hospital Advance Practice Provider Peer Review Committee, and revoke the clinical privileges of Provider #3, who was the subject of the credentialing matter considered in today's closed meeting. THE MOTION CARRIED UNANIMOUSLY.

D. Finance Committee Meeting, October 23, 2015

- i. Metrics (3rd Quarter FY2015 Financials) (Attachment #2)
- ii. Capital Asset Management
- iii. Meeting Minutes, which include the following action items:
 - Contracts and Procurement Items (detail was provided as an attachment to the Board Agenda)
 - Transfers of Funds

Douglas Elwell, Deputy Chief Executive Officer of Finance and Strategy, reviewed the Metrics and Financial Statements, and provided an overview of the contractual requests included in the Minutes. The Board reviewed and discussed the information.

During the discussion of the contractual requests contained in the Minutes, a question was raised regarding request number 5 (Saldemar Solutions). It was noted by Director Richardson-Lowry that, in her experience, she has never seen the oversight of Request for Proposals (RFP) processes performed by an outsider. Mr. Elwell stated that this function is being temporarily filled by an individual on a contractual basis until the position is internally filled; he added that the RFP process is overseen by the head of Supply Chain. Director Richardson-Lowry requested that the Board be informed when the administration is in the process of onboarding the new person who will internally fill that position; additionally, she requested information with regard to the rigor that is in place with respect to RFP oversight.

With regard to request number 6 (HMA), Director Junge inquired regarding whether the vendor produces reports as part of their contract scope. Dr. Shannon responded affirmatively; he indicated that he will provide copies of those reports to Director Junge.

During the discussion of request number 17 (Clayco), Director Gugenheim commented regarding the label of "Campus Core Medical Building" that is associated with this project; using the word "Core" in this label creates confusion, due to the existence of the Ruth M. Rothstein CORE Center. Chairman Hammock agreed, and asked that staff re-examine the label to avoid confusion.

Director Collens, seconded by Director Lerner, moved the approval of the Contracts and Procurement Items contained within the Minutes of the Finance Committee Meeting of October 23, 2015. THE MOTION CARRIED UNANIMOUSLY.

Director Collens, seconded by Director Lerner, moved the approval of the proposed Transfers of Funds contained within the Minutes of the Finance Committee Meeting of October 23, 2015. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports

D. Finance Committee Meeting, October 23, 2015 (continued)

Mr. Elwell stated that, in response to earlier requests by Director Wiese for information on data tracked internally relating to the availability of appointments with specialists, referred to as “third next appointment,” he will be providing it electronically to the Directors after the meeting. Chairman Hammock indicated that it should be expected that the Board will discuss the data at its next meeting. Dr. Shannon noted that this is going to be one of those areas where the administration is unable to have a single metric. They will be able to show the wait time for different specialties at different locations, and reflect patient satisfaction and their perception of the wait time through methodologies such as the survey referred to in Mr. Glass’ presentation. The Board will be able to get an implicit idea of the responsiveness of CCHHS’ services by the volume of referrals that are received from outside providers and its own primary care providers, but there is not a single one-page magic answer to the question of – what is the wait to get into clinic for a radiology test? It all depends. Director Marsh stated that, while a metric may not exist, it is important to set a standard. Mr. Elwell stated that this report can perhaps be produced on a quarterly basis.

During the discussion of the financial reports, Mr. Elwell stated that the number of days of cash on hand fell from 96 days to 57; he indicated that this is solely related to the slowdown in State payments. July, August and September Affordable Care Act (ACA) capitation checks totaling approximately \$160 million were received on October 1st or 2nd; the administration has been informed that they should receive the payment for October before the end of the month, which is today. Capitation checks for the Family Health Plan (FHP) and Seniors and Persons with Disabilities (SPD) populations have not been received since June; that amount due from the State now tops \$100 million. Discussions with the State are ongoing, but this is a concern, as CCHHS continues to make payments to providers.

Director Richardson-Lowry remarked that, with regard to the information on the State’s budgetary woes and their impact on CCHHS, it will be important to start putting on the record the categories of impact, not just the overall number, so CCHHS will have a fundamental record of tracking that, and the public can understand the potential areas of adverse impact.

During the discussion of the subject of non-operating revenue, Director Lerner stated that it would be helpful if the Board periodically receives information regarding the appropriation received from the County to get an idea of what that is really supporting - how much is going to fund Cermak, Public Health, etc. He stated that what is really happening, to a great extent, is that the managed care operation is helping to subsidize the System; it would be good for the Board to understand the size of that subsidy, along with the knowledge of how much is being received from the County and where that funding is going.

While discussing the subject of capital asset management, Mr. Elwell stated that the administration hopes to have an inventory put together by June 30th that will include the age of the equipment and also the replacement timeframe for it. Director Richardson-Lowry inquired whether this will include details on the condition of the equipment. Mr. Elwell responded that he will make sure that is included.

Director Wiese inquired regarding the subject of physical plant/equipment and the relationship between that and patient safety. Dr. Shannon provided information on the history of reports and estimates that have been provided over the years of needed capital improvements that have not been made. He noted that the purchasing group has been able to complete the purchasing and spend of about \$30 million in capital this year. With regard to the question of when there is a capital equipment issue that leads to a safety item, how does that bubble up, he stated that the administration has the ability to capture that in its electronic reporting system. Dr. Shannon stated that he will ask his team to see whether that specific information can be captured and summarized, to provide to the Board.

IV. Board and Committee Reports

D. Finance Committee Meeting, October 23, 2015 (continued)

Director Collens, seconded by Director Lerner, moved the approval of the Minutes of the Finance Committee Meeting of October 23, 2015, 2015. THE MOTION CARRIED UNANIMOUSLY.

E. Human Resources Committee Meeting, October 23, 2015

i. Metrics (Attachment #3)

ii. Meeting Minutes, which include the following action items:

- Proposed Collective Bargaining Agreement-related matters – approval of:

Negotiated wages and healthcare changes for:

- Illinois Fraternal Order of Police, representing Oak Forest Health Facilities Public Safety Officers (HS1)

Collective Bargaining Agreements for:

- Cook County Pharmacy Association, Chicago Joint Board, Retail, Wholesale & Department Store Union (RWDSU) Local 200, representing Cook County Health Facilities Administrative Assistant III's and IV's, Talent Management Assistant, Talent Management Specialist, Human Resource Specialist and Recruitment and Selection Analyst
- International Brotherhood of Teamsters Local 700 representing Oak Forest Health Facilities Public Safety Officers II and Investigators II

Prevailing Wage Rates for:

- Coalition of Unionized Public Employees (C.O.U.P.E.) Trades, for Sign Painter Shopman positions

Director Wiese presented the Meeting Minutes and reviewed the Metrics with Gladys Lopez, Chief of Human Resources. The Board reviewed and discussed the information.

Ms. Lopez noted that, over the past few months, it was identified that there seems to be a disconnect between the number of vacancies being filled and the total vacancy number. The data for this is drawn from two (2) separate systems – the Human Resources system, as well as the budget system. Following review of the issue, it was identified that the vacancies number is actually lower than what has been presented. The total of 804 CCHHS Vacant Positions reflected in the metrics is a much more accurate representation of the vacancies. She added that the goal for this year was to get down to 750 vacancies; she expects that goal will be reached. Following questions on the subject, Chairman Hammock requested that he, Ms. Lopez and Mr. Elwell get together in the next week to clarify his understanding of vacancies and budgeted positions.

The Board discussed the subject of employee satisfaction surveys. Ms. Lopez stated that she plans to meet with Director Wiese soon to talk about plans for 2016; that subject is planned to be discussed. The last survey was done in 2010; she noted that if an organization does not have the resources and funds to back up what it is going to do after the survey is taken, that is where the organization loses momentum. Director Lerner suggested that, prior to any new surveys being conducted, the Board should receive the template of what the survey will look like; he stated that he is very interested to see if it will be cohort-based, and whether it will address some of the cultural differences of the employee population. Dr. Shannon stated that, to start, they will look at the results/observations/actions associated with the 2010 survey. Then the administration will be able to come up with a strategy about whether or not re-surveying is the best first

IV. Board and Committee Reports

E. Human Resources Committee Meeting, October 23, 2015 (continued)

step, or whether it is better to take the information that is already known as a challenge for the organization and do some action first.

Additionally, on the subject of employee surveys, Director Wiese referenced previous discussions regarding an internal survey of employees that would include the question of “would you bring your family member here?” Chairman Hammock stated that Human Resources would seem to be the appropriate area that would address that survey question; he suggested that Director Wiese, as Chairman of the Human Resources Committee, pursue that subject.

Action was taken on this item following the adjournment of the closed meeting.

Director Wiese, seconded by Director Marsh, moved the approval of the Minutes of the Human Resources Committee Meeting of October 23, 2015. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items (backup to follow)

There were no contracts and procurement items presented directly to the Board for its consideration.

B. Any items listed under Sections IV, V and VIII

VI. Report from Chairman of the Board

A. Quarterly report - Board and Committee Topics Calendar (November 2015 through January 2016) (Attachment #4)

Chairman Hammock stated that a new fiscal year is nearing; he has encouraged each of the Committee Chairs to look at their metrics, as now is the time to review whether any measures need to be dropped or added to each Committees’ regular reporting of metrics. He noted that, in particular, he wants the Board to focus on and emphasize ambulatory services – is CCHHS providing what patients need and want in a timely, pleasant, effective, well-located fashion?

Chairman Hammock stated that Dr. Shannon asked that the Board consider the subject of frequency of meetings of Committees for 2016 as meeting schedules are being discussed and developed. Chairman Hammock requested that the Committee Chairs provide their input to him on that subject.

Chairman Hammock noted that the County Board’s Finance Committee recently conducted their review of CCHHS’s proposed budget. Directors Lerner, Gugenheim, Junge and Velasquez attended the hearing; they provided a brief overview of their impressions from that meeting.

VII. Report from Chief Executive Officer (Attachment #5)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #5.

VIII. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

C. Quality and Patient Safety Committee Special Meeting Minutes, October 20, 2015

- Medical Staff Appointments/Reappointments/Changes
- Stroger Hospital Medical Staff Credentialing Matters

D. Human Resources Committee Meeting Minutes, October 23, 2015

- Proposed Collective Bargaining Agreement-related matters (see Item IV(E))

Director Richardson-Lowry, seconded by Director Velasquez, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” and 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Hammock, Vice Chairman Butler and Directors Collens, Estrada, Gugenheim, Junge, Lerner, Marsh, Richardson-Lowry, Velasquez and Wiese (11)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY.

VIII. Closed Meeting Items (continued)

Chairman Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

The Board took action on the Quality and Patient Safety Committee Special Meeting Minutes of October 20, 2015 and Human Resources Committee Meeting Minutes of October 23, 2015 following the adjournment of the closed meeting.

IX. Adjourn

As the agenda was exhausted, Chairman Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
October 30, 2015

ATTACHMENT #1

CountyCare Report & Deep Dive Discussion

Prepared for: CCHHS Board of Directors

Steven Glass, Executive Director, Managed Care

October 30, 2015



Metrics Snapshot

Key Measures	Jul'15	Aug'15	Sep'15	Oct'15	% Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/Goal
Monthly Membership	172,873	170,834	169,802	168,749	-0.6%	--	158,349	106.6%
ACA	82,058	79,454	78,058	76,910	-1.5%	▼	78,119	98.5%
FHP	87,949	88,333	88,553	88,538	0.0%	--	74,506	118.8%
SPD	2,866	3,047	3,191	3,301	3.4%	▲	5,724	57.7%
Home/Community Waiver (incl DD)	539	565	583	593	1.7%	▲		
LTC	174	189	185	201	8.6%	▼		
FYTD Member Months	1,169,503	1,340,337	1,510,139	1,678,888			1,631,305	102.9%
ACA	668,043	747,497	825,555	902,465			875,335	103.1%
FHP	482,382	570,715	659,268	747,806			706,048	105.9%
SPD	19,078	22,125	25,316	28,617			49,923	57.3%
Risk Management								
<u>Pharmacy</u>								
# Scripts/Utilizer	3.00	2.90	2.90		0.0%	--		
% Generic dispensing	83%	82%	81%		-1.3%	▼		
% Brand Single Source	17%	17%	18%		8.2%	▼		
% Formulary	98%	98%	98%		0.0%	--	98%	0.0%
% CCHHS HIV pt meds @ CCHHS pharmacy	36.0%	34.1%	35.9%		5.3%	▲	80%	-44.1%
% Maintenance Rx on Extended Supply (>84 days)	45.7%	55.8%	47.1%		-15.6%	▼	85%	-37.9%
Care Management								
<u>PCMH Assignment</u>								
% Members Assigned to PCMH	99.6%	99.9%	99.7%		-0.2%	--		
% Members Unassigned	0.4%	0.1%	0.3%		433.9%	▼		
ACA Utilization Management (rolling 12 month)							Nov'14 Baseline	
Admits/1,000 member months	160	156	159		1.9%	▼	168	-7.1%
Bed Days/1,000 member months	702	689	695		0.9%	--	737	-6.5%
ED Visits/1,000 member months	949	926	927		0.1%	--	1,017	-8.9%
% 30-day Readmissions	22%	22%	21%		-4.5%	▲	20%	10.0%

Metrics Snapshot

Key Measures	Jul'15 YTD FY'15 Q1 Dec-Feb (N=321,297)	Aug'15 YTD FY'15 Q2* Mar-May (N=362,038)	Sep'15 YTD FY'15 Q3* Jun-Aug (N=306,623)	Oct'15	% Change From Prior Month % Change from Q2 to Q3*	Trend	FYTD'15 Budget or Goal FY'14 Q4 Benchmark (Sep-Nov)	% to Budget/Goal
<u>ACA CCHHS Utilization</u> (since 7/1/2014)								
Emergency Room	16.8%	12.3%	10.4%		-14.8%	▼	17.2%	-4.9%
Hospital Inpatient	8.5%	6.7%	6.3%		-6.4%	▼	10.9%	-4.2%
Hospital Outpatient	28.8%	32.2%	30.6%		-4.9%	▼	28.8%	3.4%
Other Medical	1.3%	1.5%	1.3%		-12.0%	▼	1.1%	0.4%
Primary Care	41.1%	36.1%	34.2%		-5.3%	▼	39.8%	-3.7%
Specialist	10.6%	4.7%	2.5%		-47.8%	▼	6.8%	-2.1%
Total	19.5%	15.9%	14.1%		-11.4%	▼	19.1%	-3.2%
Operations								
<u>Call Center</u>							Goal	Goal Met
Abandonment rate	1.4%	2.2%	1.3%		-39.5%	▲	<4%	Y
Hold time	0:00:49	0:00:53	0:00:56		5.7%	▼	< :01:00	Y
Average speed to answer	0:00:14	0:00:23	0:00:14		-39.1%	▲	< :00:45	Y
<u>Claims Processing</u>								
	FY'15 Q1	FY'15 Q2	FY'15 Q3		Change from Prior Q		# Days	Goal Met
Avg # Days Received-to-Processed (non-adjusted)	5	5	4		-20.0%	▲	< 8	Y
Avg # Days Received-to-Paid/Pend (non-adjusted)	32	36	31		-13.9%	▲	< 35	Y

* Data incomplete pending claims run-out.

Health Plan Performance Management

Operations

- Membership
- Risk Management
- Care Management
- Operational Measures
- Delegated Vendor Oversight

Clinical Care

- HEDIS
- Quality of Care Reviews
- Peer Review
- Credentialing

Members & Providers

- Utilization
- Cost
- CAHPS
- Grievances
- Appeals
- Fraud, Waste & Abuse
- Network Development

CAHPS Survey

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Established and operated by US Department of Health and Human Services (HHS), Agency for Healthcare Research and Quality (AHRQ)
- Many types of surveys:
 - Health Plan
 - Amer Ind Hlth Svcs
 - Nursing Home
 - Clinicians & Groups
 - Dental Plan
 - Hospital
 - Surgical Care
 - Home Health
 - Dialysis
- Health Plan survey established in 1997

Source: <https://cahps.ahrq.gov/Surveys-Guidance/HP/index.html>

What's Surveyed

- CAHPS surveys ask patients to report on their experiences with health plans and their services.
- Commercial and Medicaid surveys are exactly the same except for the time referent:
 - Commercial questionnaire = previous 12 months
 - Medicaid questionnaire = previous 6 months
- Four key focus areas:
 - Getting needed care
 - Getting care quickly
 - How well doctors communicate
 - Health plan information & customer service



CountyCare 2015 CAHPS Survey

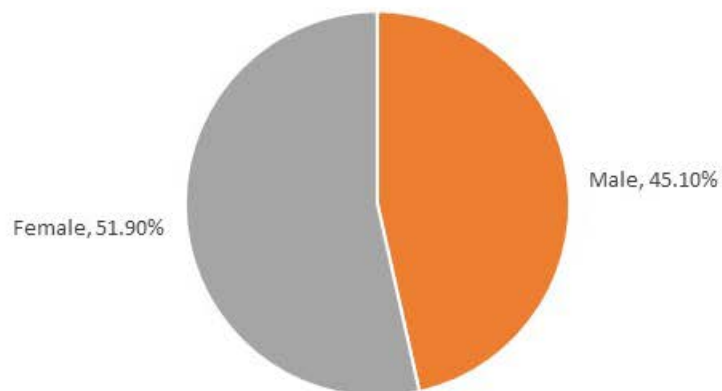
- Annual requirement in MCCN
- Surveys conducted January-May (pre-FHP mandatory implementation)

	Required	Actual	% Difference
Sample Size	1,350	1,755	+30.0%
Valid Surveys	411	689	+67.6%
Response Rate	30.4%	39.3%	+29.0%

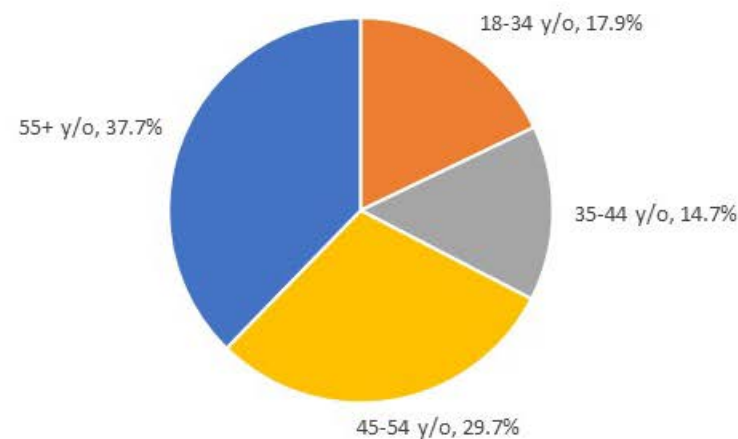
- 52% Mail; 42% Phone; 6% Internet
- 44 Spanish-language surveys completed (6%)

Respondent Profile

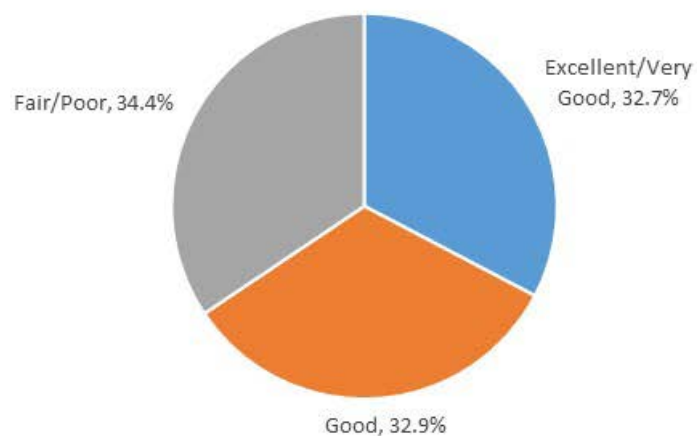
Gender



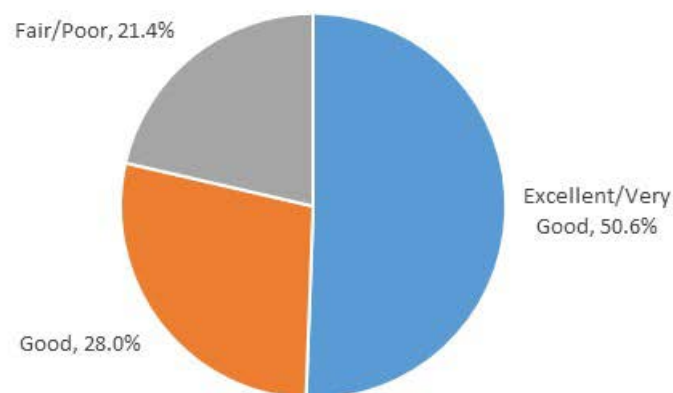
Age Group



Health Status



Mental/Emotional Health Status



Trend & Benchmark Comparisons

Composites, Attributes & Key Questions	2015 Valid # and Most Favorable Response %		2015 Comparison* (N=58)	2014 All Plans** (N=147)
Getting Needed Care	476	75.2%	80.5%	80.5%
Getting Care Quickly	455	79.1%	79.9%	81.0%
How Well Doctors Communicate	406	89.7%	90.3%	89.5%
Customer Service	299	89.1%	86.6%	86.5%
Shared Decision Making	229	76.6%	78.9%	NA
Health Promotion & Education	486	76.5%	71.2%	71.6%
Coordination of Care	194	83.5%	81.3%	79.2%
Providing Needed Information	207	69.1%	68.2%	66.7%
Ease of Filling Out Forms	595	94.1%	93.2%	94.2%

Significance Testing (95% level)		
Significantly Higher Than Trend/Benchmark	Significantly Lower Than Trend/Benchmark	No Significant Difference

Comparison Key
* 2015 Comparison = All Medicaid plans with same vendor (N=58)
** 2014 All Plans = All Medicaid adult samples submitted to NCQA in 2014 (N=147)



Benchmark Comparisons

Composites, Attributes & Key Questions	CountyCare		2015 Mean & Percentile**				
	Most Favorable Response %	Percentile	Mean	25 th	50 th	75 th	90 th
Getting Needed Care	75.2%	12 th	80.5%	77.7%	81.5%	84.2%	84.9%
Getting Care Quickly	79.1%	35 th	79.9%	77.5%	80.9%	83.2%	84.5%
How Well Doctors Communicate	89.7%	32 nd	90.3%	89.4%	90.6%	91.6%	92.5%
Customer Service	89.1%	83 rd	86.6%	84.6%	87.1%	88.6%	90.0%
Shared Decision Making	76.6%	23 rd	78.9%	76.7%	78.9%	81.1%	83.0%
Health Promotion & Education	76.5%	92 nd	71.2%	68.7%	71.3%	74.7%	76.2%
Coordination of Care	83.5%	67 th	81.3%	78.3%	81.3%	84.7%	86.6%
Providing Needed Information	69.1%	60 th	68.2%	66.3%	68.6%	71.2%	74.1%
Ease of Filling Out Forms	94.1%	69 th	93.2%	92.6%	93.4%	94.3%	95.9%

Comparison Key

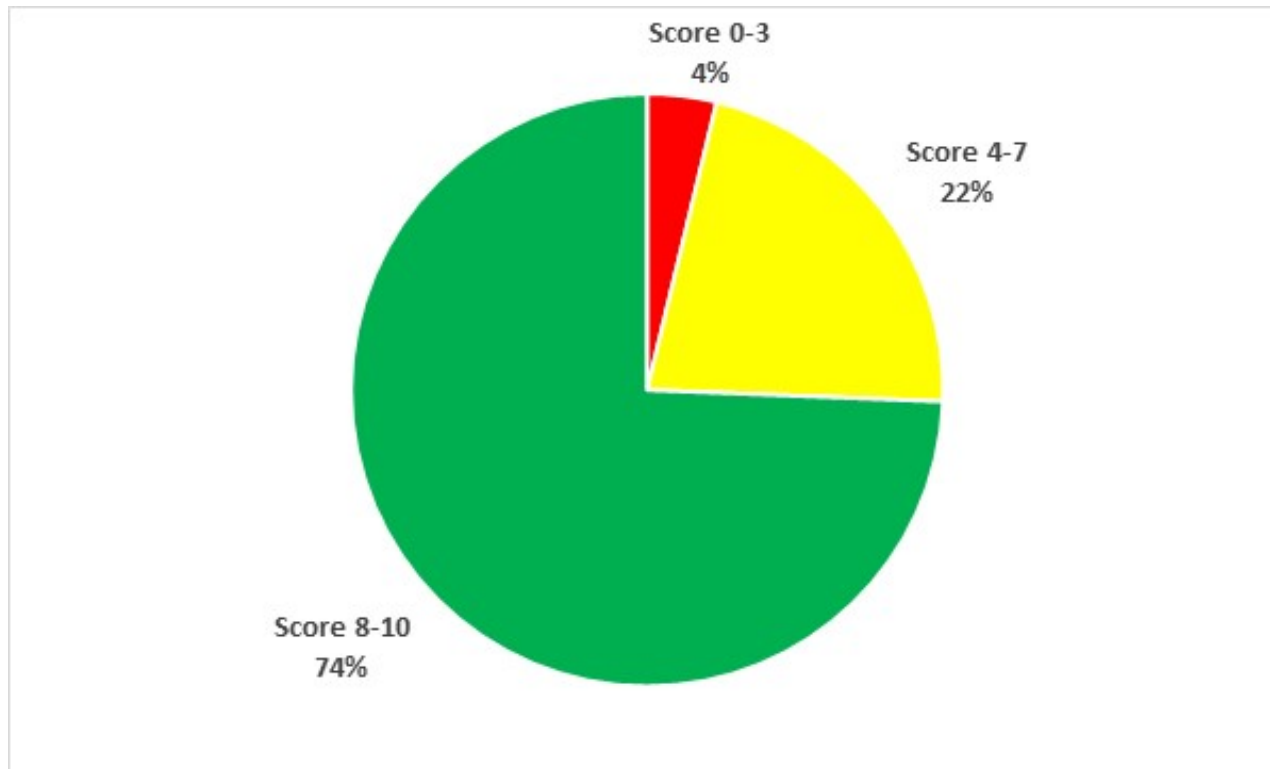
*Ranking = Comparison to all Medicaid plans with same vendor (N=58)

**2015 Analytics = Analysis of all Medicaid plans with same vendor (N=58)

What Number Would You Use to Rate Your Health Plan? (Q35)

0-10 Scale

0='Worst health plan possible', 10='Best health plan possible'



[return to summary results](#)

NCQA Health Insurance Plan Ratings 2015-2016 - Detail Report (Medicaid)

Plan Name: Meridian Health Plan of Illinois
URL: www.medicaremeridian.com/ill
States: IL
Rating: 4.0
NCQA Accreditation: Yes

Lower Performance Higher Performance
1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0

Plan Details	Score
Consumer Satisfaction	3.0
Getting care	2.5
Getting care easily Did members get appointments, preventive care, tests, and treatment easily?	2.0
Getting care quickly Did members get appointments, preventive care, tests, and treatments promptly?	3.0
Satisfaction with physicians	3.5
Rating of primary-care doctor Did members rate their primary-care doctors high overall?	3.0
Rating of specialists Did members rate specialists high overall?	5.0
Rating of...	3.0
	2.0
	4.0
	3.5
	3.0
	4.0
	3.5
	3.0

NCQA Health Insurance Plan Ratings 2015 - 2016

NCQA Health Insurance Plan Ratings 2015-2016 - Summary Report (Medicaid)

Search for a health insurance plan by state, plan name or plan type (Private, Medicaid, Medicare). Click a plan name for details.
NCQA rated more than 1,300 health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. This new way of rating plans emphasizes care outcomes (the results of care people receive) and what patients say about their care.
Information about the ratings, including how they are calculated, is here. To license the underlying data, go here.

Lower Performance Higher Performance
1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0

Rating	Plan Name	States	Type	NCQA Accreditation	Consumer Satisfaction	Prevention	Treatment
4.0	Meridian Health Plan of Illinois	IL	HMO	Yes	3.0	3.0	3.0
2.5	Harmony Health Plan of Illinois	IL	HMO	No	1.5	2.0	2.5
2.5	Molina Healthcare of Illinois	IL	HMO	No	2.5	1	2.5
2.0	Aetna Better Health	IL	HMO	Yes	1	1	1
Partial Data Reported	IllinCare Health Plan	IL	HMO	No			
No Data Reported	Community Care Alliance of Illinois	IL	HMO	No			
No Data Reported	CountyCare Health Plan	IL	HMO	No			
No Data Reported	Family Health Network	IL	HMO	No			
No Data Reported	Health Alliance Connect (Aged/Blind/Disabled)	IL	HMO	No			
No Data Reported	Health Alliance Connect (IL Medicaid)	IL	HMO	No			

• NCQA Accreditation is as of June 30, 2015
• In Insufficient data; NA = Not Applicable; NR = Not Reported
• Specific plan demographic data are supplied by AIS's Directory of Health Plans. Atlantic Services, Inc. (www.AISHealth.com)
• Contact us at my.ncqa.org to ask about customized ratings summaries.
• † Indicates Special Needs Plan (SNP), according to CMS

Comparison With Illinois Plans

- NCQA posts Health Insurance Plan Rankings on 5-point scale, using 0.5 increments (1.0, 1.5, 2.0, etc.)
- CAHPS survey calculates results on a 3-point scale (1.0-3.0)
- For comparison, converted CountyCare's 3-point scores to a 5-point scale assuming equal proportion
 - E.g. Score $2.4/3 = 0.81 \times 5 = 4.0$; or
 - $2.4 = 81\%$ of 3; $4.0 = 81\%$ of 5
- 5-point methodology likely to differ from NCQA

Calculated Comparison With NCQA- Reporting Illinois Medicaid Plans

	As Reported by NCQA				As Calculated Internally
	Meridian	Harmony	Molina	Aetna Better Health	CountyCare
Consumer Satisfaction	3.0	1.5	2.5	3.0	4.0
Getting Care	2.5	1.0	2.0	2.5	3.8
Getting Care Easily	2.0	1.0	2.0	2.0	3.8
Getting Care Quickly	3.0	1.0	2.0	3.0	3.9
Satisfaction With Physicians	3.5	1.5	3.0	3.5	4.1
Rating of Primary-care doctor	3.0	1.0	3.0	2.0	4.3
Rating of Specialists	5.0	NA	3.0	4.0	4.2
Rating of Care	3.0	1.0	3.0	2.0	3.9
Coordination of Care	2.0	NA	3.0	4.0	4.2
Health Promotion and Education	4.0	2.0	2.0	5.0	4.0
Satisfaction with Health Plan Services	3.5	2.0	3.0	2.0	4.2
Rating Health Plan	3.0	2.0	2.0	2.0	4.0
Customer service	4.0	NA	4.0	2.0	4.3
Key:	1.0, 1.5, 2.0	2.5, 3.0, 3.5	4.0, 4.5, 5.0		

CAHPS Next Steps

- Utilize upcoming Enrollee Advisory Committee (EAC) meetings as focus group sessions to obtain more depth of information
- Identify performance improvement interventions and establish CAHPS targets
- Incorporate measures into performance metrics

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
October 30, 2015

ATTACHMENT #2



COOK COUNTY HEALTH & HOSPITALS SYSTEM

Finance Dashboard: October 2015



Finance Dashboard: Oct 2015

Key Measures	2013	2014	2015 [#]	Change From Prior Period	FYTD'15 Budget or Goal	% To Budget or Goal
Days in Patient Accounts Receivable (Net)*	48	37	38	2.7% ↑	49.8	-23.7%
Days Cash on Hand	50	96	57	-40.6% ↓	197.6	-71.2%
Days Expense in Accounts and Claims Payable	36	42	68	61.9% ↑	63.4	7.3%
Overtime as Percentage of Gross Salary	8.2%	8.3%	7.1%	-14.5% ↓	5.0%	42.0%
CareLink/Charity Write-offs (at cost)	\$251,524,764	\$173,942,176	\$217,064,230	24.8%		
Bad Debt Expense (at cost)	\$309,691,828	\$168,427,323	\$185,902,126	10.4%		
Inpatient Days (monthly average)	9,225	8,752	8,422	-3.8% ↑	8,315	1.3%
Outpatient Clinic Registrations (monthly average)	80,989	78,021	77,431	-0.8% ↓	85,824	-9.8%
Emergency Room Visits (monthly average)	14,261	12,887	12,420	-3.6% ↓	12,887	-3.6%

Data through Sept 2015

^ This represents direct charity care write-offs to gross accounts receivable

* Data above does not include CountyCare information



CountyCare Income Statement
September-2015

YTD Member Months

	310,119	826,671	1,346,976	1,516,810
	YTD 1 st Quarter-2015	YTD 2 nd Quarter-2015	YTD 3 rd Quarter-2015	YTD September-2015
Revenue				
PMPM	\$ 158,557,089	\$ 417,547,277	\$ 670,743,914	\$ 748,457,964
Administrative Reimbursement	-	1,578,461	3,063,878	3,063,878
State Workers	470,044	1,188,547	1,633,262	1,895,104
Assessment Tax from Cash Advance	10,000	10,000	10,000	10,000
Total Revenue	\$ 159,037,133	\$ 420,324,285	\$ 675,451,054	\$ 753,426,946
Application Processing Costs				
Hoyne Facility Expenses	\$ 67,688	\$ 138,543	\$ 206,734	\$ 228,410
Application Assistance Fees	3,835,699	6,889,918	8,875,012	8,879,280
State Workers Cost	940,089	2,377,097	3,266,529	3,790,213
Total Application Processing Costs	\$ 4,843,476	\$ 9,405,559	\$ 12,348,274	\$ 12,897,903
Administrative Expenses				
Salaries & Benefits	\$ 516,925	\$ 1,095,516	\$ 1,614,141	\$ 1,783,829
Stop Loss Insurance	530,541	1,737,908	2,135,989	2,235,510
Self Insurance	96,864	193,729	290,593	322,881
Pharmacy Benefits Manager (PBM)	1,605,704	3,488,391	6,523,205	7,156,519
TPA Fees	15,126,618	37,365,170	63,790,087	64,925,146
Dental TPA Fee		582,066	955,443	1,074,172
Care Management Analytics	1,247,591	3,033,401	5,046,066	5,638,690
Other	120,552	1,813,991	2,919,748	3,795,811
Total Administrative Expenses	\$ 19,244,794	\$ 49,310,171	\$ 83,275,272	\$ 86,932,559
Clinical Expenses				
CCHHS Claims	\$ 52,840,141	\$ 81,032,463	\$ 114,145,324	\$ 122,339,312
Non-CCHHS Claims	43,700,515	104,770,198	178,848,409	205,091,806
Non-CCHHS Claims IBNR & MLR Reserve	294,421	71,622,778	100,054,271	115,279,156
Pharmacy	27,201,257	62,873,839	105,795,662	120,578,525
Domestic Pharmacy	2,906,927	7,197,678	11,882,323	13,422,539
Care Management	3,218,927	8,240,049	17,544,675	19,696,519
Behavioral Health	4,236,848	11,020,761	23,382,677	25,970,203
Optical	959,392	2,034,614	5,260,456	5,523,988
Transportation	764,435	2,356,531	3,566,418	3,866,418
Dental	197,148	3,766,275	9,652,114	10,320,679
Total Clinical Expenses	\$ 136,320,010	\$ 354,915,185	\$ 570,132,327	\$ 642,089,144
Medical Loss Ratio (MLR)	86.0%	85.0%	85.0%	85.8%
Total Expenses	\$ 160,408,280	\$ 413,630,915	\$ 665,755,874	\$ 741,919,607
CountyCare Net Income	\$ (1,371,148)	\$ 6,693,370	\$ 9,695,180	\$ 11,507,339



CCHHS Totals				
	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual
REVENUE:				
Net Patient Service Revenue	1,287,085	1,131,077	156,008	1,025,401
Other Revenue	6,827	6,705	123	6,349
TOTAL REVENUE	1,293,912	1,137,781	156,131	1,031,750
OPERATING EXPENSES:				
Salaries and Benefits	589,878	556,793	(33,085)	540,663
Supplies	162,868	169,178	6,310	212,088
Purchased Svs, Rental & Other	650,133	561,054	(89,078)	424,089
Claims Expense	10,500		(10,500)	
Insurance Expense	17,089	19,809	2,720	24,696
Depreciation	25,472	25,472		27,983
Utilities	9,583	12,956	3,373	9,165
TOTAL OPERATING EXPENSES	1,465,522	1,345,262	(120,260)	1,238,684
GAIN (LOSS) FROM OPERATIONS	(171,610)	(207,481)	35,871	(206,934)
NONOPERATING REVENUE	186,276	186,276		178,425
NET INCOME (LOSS)	14,666	(21,205)	35,871	(28,469)



YTD September-2015 (In Thousands)

	All Providers				CountyCare				All Provider & CountyCare Eliminations			
	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual
REVENUE:												
Net Patient Service Revenue	669,430	668,184	1,246	470,672	753,417	756,523	(3,106)	554,729	(135,762)	(293,630)	157,868	
Other Revenue	6,037	5,039	998	4,661	10		10					
TOTAL REVENUE	675,467	673,223	2,245	475,333	753,427	756,523	(3,096)	554,729	(135,762)	(293,630)	157,868	
OPERATING EXPENSES:												
Salaries and Benefits	526,751	501,242	(25,509)	483,878	1,784	1,770	(14)	927				
Supplies	89,370	106,397	17,026	79,118	78,944	55,374	(23,570)	131,878	(13,423)		13,423	
Purchased Svs, Rental & Other	111,822	142,242	30,420	(33,958)	658,634	708,955	50,321	456,495	(122,339)	(293,630)	(171,291)	
Claims Expense	10,500		(10,500)									
Insurance Expense	12,976	19,809	6,833	18,146	2,558		(2,558)	4,309				
Depreciation	25,258	25,258		27,766								
Utilities	9,445	12,828	3,383	9,080		47	47	28				
TOTAL OPERATING EXPENSES	786,121	807,774	21,653	584,030	741,920	766,146	24,226	593,636	(135,762)	(293,630)	(157,868)	
GAIN (LOSS) FROM OPERATIONS	(110,654)	(134,552)	23,898	(108,697)	11,507	(9,622)	21,130	(38,907)				
NONOPERATING REVENUE	122,429	122,429		136,289	145	145		75				
NET INCOME (LOSS)	11,775	(12,123)	23,898	27,592	11,653	(9,477)	21,130	(38,832)				



YTD September-2015 (In Thousands)

	Detainees				Dept of Public Health			
	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual
REVENUE:								
Net Patient Service Revenue								
Other Revenue	0		0	2	780	1,666	(886)	1,687
TOTAL REVENUE	0		0	2	780	1,666	(886)	1,687
OPERATING EXPENSES:								
Salaries and Benefits	51,273	44,419	(6,854)	43,674	10,070	9,362	(708)	12,184
Supplies	7,937	7,293	(644)	861	40	115	75	231
Purchased Svs, Rental & Other	1,334	2,382	1,047	859	682	1,106	424	693
Claims Expense								
Insurance Expense	1,244		(1,244)	1,790	311	0	(311)	453
Depreciation	201	201		201	13	13		16
Utilities	2	5	3	6	136	77	(59)	51
TOTAL OPERATING EXPENSES	61,991	54,299	(7,692)	47,390	11,252	10,673	(579)	13,628
GAIN (LOSS) FROM OPERATIONS	(61,991)	(54,299)	(7,691)	(47,388)	(10,472)	(9,007)	(1,465)	(11,941)
NONOPERATING REVENUE	59,346	59,346		33,380	4,356			8,720
NET INCOME (LOSS)	(2,645)	5,047	(7,691)	(14,008)	(6,117)	(4,651)	(1,465)	(3,221)



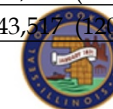
Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
Fiscal Year to Date September 30, 2015

	<u>Stroger Hospital</u>	<u>ACHN (Clinics)</u>	<u>County Care</u>	<u>Stroger, ACHN & County Care</u>	<u>O F C (Oak Forest)</u>	<u>Provident Hospital</u>	<u>Bureau of Health</u>	<u>Acute Care</u>	<u>Dept of Public Health</u>	<u>Cermak</u>	<u>Intra- Activity Eliminations</u>	<u>Grand Total</u>
ASSETS												
CURRENT ASSETS:												
Cash and cash equivalents:												
Cash in banks	3,944	0		3,944	23	815		4,782				4,782
Cash held by Cook Co Treas	844,256		380,485	1,224,741	97,160	123,066		1,444,966	144,585		(1,428,269)	161,283
Due from working cash fund	60,540	34,607		95,147				95,147				95,147
Total cash & cash equivalent	908,740	34,608	380,485	1,323,833	97,183	123,880		1,544,896	144,585		(1,428,269)	261,212
Property taxes receivable:												
Tax levy - current year	8,904	33,384		42,288	885	1,252	26,386	70,811	1,286	52,700		124,797
Tax levy - prior year	2,637	2,988		5,625	332	452	351	6,760	688	531		7,979
Total property taxes rec	11,541	36,372		47,913	1,216	1,705	26,736	77,571	1,974	53,231		132,776
Receivables:												
Patient AR-net of allowances	64,246			64,246		1,376		65,623				65,623
CCHHS claim receivable	135,762			135,762				135,762			(135,762)	
Third-party settlements	21,112			21,112		1,461		22,573				22,573
Other receivables	1,691	7	332	2,029	0	185	455	2,670				2,670
Due from State			246,553	246,553				246,553				246,553
Total receivables	222,811	7	246,884	469,702	0	3,022	455	473,180			(135,762)	337,418
Inventories	3,449			3,449	240	1,151		4,840		378		5,218
TOTAL CURRENT ASSETS	1,146,540	70,987	627,370	1,844,897	98,640	129,758	27,191	2,100,486	146,559	53,609	(1,564,031)	736,623
CAPITAL ASSETS:												
Depreciable assets - net	325,057	3,786		328,843	24,070	20,781	7,053	380,747				381,035
TOTAL ASSETS	1,471,598	74,773	627,370	2,173,740	122,710	150,539	34,244	2,481,232	146,562	53,895	(1,564,031)	1,117,658



Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
Fiscal Year to Date September 30, 2015

	<u>Stroger Hospital</u>	<u>ACHN (Clinics)</u>	<u>County Care</u>	<u>Stroger, ACHN & County Care</u>	<u>O F C (Oak Forest)</u>	<u>Provident Hospital</u>	<u>Bureau of Health</u>	<u>Acute Care</u>	<u>Dept of Public Health</u>	<u>Cermak</u>	<u>Intra- Activity Eliminations</u>	<u>Grand Total</u>
LIABILITIES & NET POSITION												
CURRENT LIABILITIES:												
Due to Cook County Treasurer		95,769		95,769			1,174,681	1,270,450		157,819	(1,428,269)	
Accounts payable	25,669	446	34	26,149	388	1,890	32,401	60,828	190	287		61,306
Claims Payable	10,500		373,993	384,493				384,493			(135,762)	248,731
Accrued salaries, wages, & other liabilities	40,084	5,949	96	46,128	913	3,988	3,887	54,916	764	5,322		61,002
Compensated absences	4,171	512	13	4,696	269	555	104	5,623	150	399		6,172
Unearned revenue	60,615			60,615		2,795		63,411				63,411
Third-party settlements	39,000		73,000	112,000				112,000				112,000
Due to other co govt funds	21			21	10	5		36	7			43
Due to others	2,261			2,261	20			2,281				2,281
Due to State			262	262		5,087		5,349				5,349
Interaccount payabl (recevbl)	121,548	(176,700)	212,622	157,471	18,771	62,979	(247,677)	(8,457)	2	8,455		
TOTAL CURRENT LIABILITIES	303,870	(74,024)	660,019	889,865	20,371	77,299	963,396	1,950,931	1,113	172,283	(1,564,031)	560,296
LONG-TERM LIABILITIES:												
Compensated absences	23,638	2,900	74	26,612	1,523	3,143	588	31,865	849	2,263		34,977
Reserve-tax objection suits	3,764	4,437		8,201	491	671	380	9,744	1,083			10,827
TOTAL LIABILITIES	331,273	(66,687)	660,093	924,679	22,385	81,113	964,364	1,992,541	3,045	174,546	(1,564,031)	606,100
NET POSITION:												
Investment in capital assets	325,057	3,786		328,843	24,070	20,781	7,053	380,747	3	286		381,035
Unrestricted	815,268	137,674	(32,723)	920,218	76,254	48,645	(937,173)	107,945	143,515	(120,937)		130,523
TOTAL NET POSITION	1,140,325	141,460	(32,723)	1,249,061	100,324	69,426	(930,120)	488,692	143,518	(120,651)		514,958
TOTAL LIABILITIES & NET POSITION	1,471,598	74,773	627,370	2,173,740	122,709	150,539	34,244	2,481,232	146,562	53,895	(1,564,031)	1,117,658



Cook County Health and Hospitals System
Board of Directors Meeting Minutes
October 30, 2015

ATTACHMENT #3

COOK COUNTY HEALTH & HOSPITALS SYSTEM



Human Resources Metrics for CCHHS Board Of Directors October 30, 2015

Gladys Lopez, Chief of Human Resources



Human Resources Metrics Summary

Gladys Lopez, Chief of Human Resources

DATA THROUGH: 09/30/15

Net New: 240

December 1, 2014 - September 30, 2015

VACANCIES FILLED

	Quarter 1	Quarter 2	Quarter 3	Quarter 4 ¹	FY14 TOTAL	FY15 TOTAL	VARIANCE		
CCHHS External	167	162	266	105	371	700		329	▲ 89%
CCHHS Internal	88	120	140	37	249	385		136	▲ 55%
Total CCHHS:	255	282	406	142	620	1085		465	▲ 75%
Nursing External	47	55	75	16	132	193		61	▲ 46%
Nursing Internal	24	65	59	11	96	159		63	▲ 66%
Total Nursing:	71	120	134	27	228	352		124	▲ 54%

SEPARATIONS

CCHHS Separations	206	97	114	43	359	460		101	▲ 28%
Total Net New CCHHS:	(39)	65	152	62	12	240		228	▲ 1900%
Nursing Separations	60	22	21	10	106	113		7	▲ 7%
Total Net New Nursing:	(13)	33	54	6	26	80		54	▲ 208%

TURNOVER

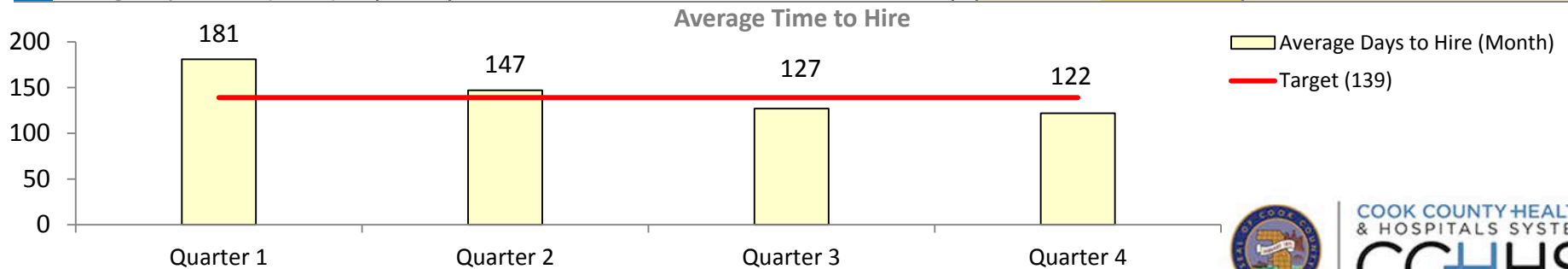
CCHHS FTEs	6095	6287	6272	6340	6105	6340		235	▲ 4%
Total CCHHS Turnover:	3.4%	1.5%	1.8%	0.7%	5.9%	7.3%		1.4%	▲ 23%
CCHHS New Hire FTEs	167	162	266	105	371	700		329	▲ 89%
CCHHS New Hire Separations	7	16	11	11	15	45		30	▲ 200%
Total FY15 New Hire Turnover:	4%	9%	3%	3%	4.0%	6.4%		2.4%	▲ 59%

OPEN VACANCIES

Total CCHHS Vacant Positions:	1,066	1,048	997	804	--	804		804	
Total RTHs in HR (In Process):	734	844	704	466	864	466		466	

AVERAGE TIME TO HIRE

	Target								
Average Days to Hire (Month):	139	181	147	127	122	203	142	-61	▲ 2%



¹ Data thru 09/30/15



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
October 30, 2015

ATTACHMENT #4

2015 Board and Committee Topics Calendar

Nov-15

Dec-15

Jan-16

HR			
Finance	Supply Chain		
QPS	ACHN QAPI	Stroger and Provident QAPIs	Cermak Update and Safety Plan
Audit & Compliance			CCHHS (Provider) Compliance Annual Report, IA Risk Assessment and Planning
Managed Care		Hard-to-Reach Populations	
Board Focus with metrics	CCDPH	Managed Care	4th Qtr. (Fiscal) Financials, Pharmacy
		Human Resources	Strategic Plan Progress
			Audit and Compliance: IA Risk Assessment and Planning
Board education			
Board activity	Review results of Accounting of Disclosures Survey	Board - Meeting Attendance document	CEO evaluation
			Board - topics calendar distribution

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
October 30, 2015

ATTACHMENT #5



JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH & HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
OCTOBER 30, 2015

Recognition

- Armed with grant funds from the Illinois Chapter of the American Academy of Pediatrics through the Health Resources and Services Administration, **Dr. Denise Cunill**, set out to 'spread the piloted Illinois Medical Home Model within a health care system to improve patient centered care.' Over a 3.5 year period, Dr. Cunill and others worked with CCHHS community health centers that had large and modest pediatric practices to engage in quality improvement initiatives designed address four performance measures: 1. Families partner in decision making; 2. Access to comprehensive health and related services through the medical home; 3. Early and continuous screening, evaluation and diagnosis; and 4. Transition to adult health care. Each of these measures included specific objectives throughout the course of the project. The project is featured in the October issue of the Illinois Medical Home Newsletter, a publication of the Illinois Chapter of The American Academy of Pediatrics.
- More than 700 employees attended the Ambulatory and Community Health Network annual education day on Tuesday, October 27th. The theme for the day was "I am the Patient Experience". The focus in all sessions was on improving the access, improving the experience of patients and families using our centers with the end goal to be the provider of choice. The vision for CCHHS transformation was shared by leadership and the keynote speakers emphasized the importance of patient satisfaction and customer service. Special thanks to the planning committee: **Drs. Sharon Irons, Jorelle Alexander, Juliet Bradley, Charles Edoigawerie and Ellen Costello, Constance Hill, LaJewell Thompson, Paula Keitt, Denise Little, Eular Brown, Patricia Looker, Karen Williams, Felecia Odom-Bro and Marie Leahy.**
- The Cook County Health & Hospitals System's (CCHHS) 16 ambulatory clinics recently achieved **Stage 6** on the **HIMSS Analytics Electronic Medical Records (EMR) Adoption Model** for advanced use of electronic medical records to improve patient care and clinical outcomes. The HIMSS EMR Adoption Model includes eight stages (0-7). Congratulations to our clinical and IT ambulatory staff represented today by: **Drs. Davidovich, Irons and Barker** as well as **Irene Marks, Victor Medina, Alex Cross, Marty Grant and Katina Daher**. Less than 20% of the participating ambulatory organizations have reached HIMSS Stage 6 or Stage 7.

Patient Experience Recognition

Excerpt from an email received from Dr. Shweta Gupta, Oncology

Dr. Aneel Kumar took care of a patient of mine in the hospital last week and she came to see me today. For 10 minutes of the 20 I spent with her she kept telling me how good Dr. Kumar was, he was very compassionate, patient, would listen to her complaints and then address them fully to her satisfaction, was very polite, always smiling, excellent communication skills and that he was never in a hurry to get out of the room like other physicians.

After the patient, her son and daughter-in-law spoke to me for 15 minutes outside and for 10 out of the 15 minutes they said phenomenal things about Dr. Kumar.

I thought I should let the leadership know so that he can be congratulated and encouraged to continue to do the good work he is doing.

Activities and Announcements

- CCHHS has kicked-off its **2015-16 Influenza season**. Employee Health Services has been holding mass vaccination events to provide employees with their shots. As of 10/27/15, more than 3,300 individuals are already in compliance. The deadline for compliance is December 1, 2015.
- As part of the expansion of behavioral health services discussed at the June Board Meeting, we are pleased to report that we have been working closely with the Cook County Justice Advisory Council and the Chicago Police Department to establish a pilot 24/7 **Community Triage Center (CTC)** to provide prevention and diversion services for individuals who are at-risk of arrest due to behavioral health conditions. CCHHS recently received a \$348,000 grant from the Otho S. A. Sprague Memorial Institute for initial planning of the Community Triage Center (CTC) and we have allocated an additional \$3 million to operationalize the CTC. It is expected to open in early 2016 and has the potential to divert hundreds of individuals from local emergency departments and Cook County jail every year. CCHHS is currently identifying appropriate space for the pilot CTC.
- As part of the **marketing efforts** around CCHHS's **Patient Centered Medical Home**, new interior signage has been installed at all sixteen community health centers (see attached). Signage is in multiple languages throughout the system and has been well received by staff and patients. Additionally, a soft launch of the "**Count on Expert Care**" marketing efforts has occurred. When complete, new interior and exterior signage (see attached) will be installed at Stroger, Provident and the CORE Center. A media guide featuring 35 CCHHS subject matter experts will be mailed to local, regional and national news outlets as a resource for reporters and producers on various health-related topics. The guide will also be provided on the CCHHS website and new 'experts' will be added regularly. CCHHS will be promoting these experts in the coming months.
- A ribbon cutting ceremony was held on October 16th to celebrate the **new dental clinic** opening at the **Dr. Jorge Prieto Health Center** in Chicago's Lawndale neighborhood. The dental clinic at Prieto Health Center will provide a wide range of dental services, from cleanings and fillings, to root canals, dentures, crowns and even minor oral surgery. The clinic will be able to offer approximately 2,000 visits each

year, significantly increasing the system's dental capacity. Last year, CCHHS provided for more than 4,300 dental visits across the system.

- The **Cook County Health Foundation's** second annual Gala is Wednesday, November 4, 2015 at Morgan Manufacturing. The benefactor of this year's Foundation's will be CCHHS' Oncology services. From prevention initiatives and patient education to screening and state-of-the-art treatment, CCHHS cares for more than 10,000 cancer patients annually, including more than 1,700 newly-diagnosed cancer patients each year. The most common cancers treated by CCHHS include breast, lung, colorectal and prostate cancer. Stroger Hospital's oncology program has been accredited by the American College of Surgeons as an Academic Comprehensive Cancer Care Program for the past 15 years.
- The fifth issue of **Strategic Planning Update** was sent to employees on October 15th. The issue is attached.

Legislative Update

Local

- On October 7th, the Cook County Board approved President Toni Preckwinkle's appointment of Mary Richardson-Lowry to serve on the CCHHS Board of Directors filling the unexpired term created by the resignation of Reverend Calvin Morris.
- On October 14th, Cook County Board President Toni Preckwinkle introduced her FY2016 Executive Budget Recommendation. CCHHS' FY2016 Budget, as approved the Board of Directors in August 2015, was included as part of the President's recommendation. On October 22nd, Dr. Shannon appeared before the Cook County Finance Committee to present CCHHS' budget and respond to questions from Commissioners. Dr. Shannon was joined at the hearing by Directors Gugenheim, Junge, Lerner and Velasquez as well as members of the senior leadership team. Over the course of the next few weeks the Cook County Committee on Finance will conduct four public hearings. At the conclusion of budget hearings Commissioners will have an opportunity to submit amendments to the budget for consideration in mid-November. The budget is expected to be approved prior to November 30th which is the end of the County's fiscal year.

State

- The State of Illinois is now in its 18th week without a comprehensive state budget. The new state fiscal year started July 1, 2015. Yet, over 90% of the state budget has been committed for spending in the FY16 fiscal year through court rulings and administration actions. The remaining 10% of the state budget includes funding for higher education, such as student financial assistance programs, as well as local health protection grants, of which CCDPH receives approximately \$2.2 million, and funding for services to vulnerable populations such as the homeless, survivors of domestic violence and sexual assault, and persons at risk of HIV. It is likely that many of our patients have been adversely impacted by the lack of funding for these human services programs.

- HB1, the Heroin Crisis Act was approved by the General Assembly and is in the process of being implemented. Medicaid is impacted in the following ways:
 - Requires all medication assisted treatment (injectable naltrexone, methadone, suboxone, etc.) prescribed for the treatment of alcohol or opioid dependence to be covered under fee for service and managed care medical assistance programs. It shall not be subject to any utilization control (other than those established by the American Society of Addiction Medicine), prior authorization or lifetime restriction limit mandate.
 - Requires opioid antagonists prescribed by a physician for the treatment of an opioid overdose, including the medication, administration device, and any pharmacy administration fees, to be covered under the medical assistance program.
- The House and Senate returned to Springfield on October 20th to conduct business. No significant progress was made to move past the budget stalemate.
- A number of changes in the state legislature have occurred or been announced in the past few weeks, including the following:
 - Laura Murphy (D-28) was appointed to serve the remainder of Senator Dan Kotowski's term. Senator Kotowski recently announced his retirement from the Illinois General Assembly. He now serves as the President/CEO of Childserv, a nonprofit organization that provides direct services to at-risk children in Cook and the Collar Counties. Senator Murphy is a former Alderman from Des Plaines. Senate District 28 includes portions of NW Cook County, including Park Ridge, Des Plaines, Elk Grove Village and Schaumburg.
 - Chuck Weaver (R-37) was appointed to fill the seat vacated by former Senator Darin LaHood who won a special election to succeed former Congressman Aaron Schock in the 18th Illinois Congressional District. Senator Weaver is a former member of the Peoria City Council. Senate District 37 includes Peoria and other areas in Central Illinois.
 - Sonya Harper (D-6) was appointed October 20th to fill the seat previously occupied by Representative Ester Golar, who passed away in September. Representative Harper is a community activist from Englewood. House District 6 is in Chicago and includes areas of the Loop, the South Loop, New City (Back of the Yards), and parts of Englewood.
 - Representative Frank Mautino (D-76) who also serves as the House Deputy Majority Leader, received approval from the House and Senate to become the next Illinois Auditor General, succeeding William Holland who will retire at the end of this calendar year. Representative Mautino's district includes all or portions of Bureau, LaSalle, Livingston and Putnam Counties.
- The House and Senate are scheduled to return to Springfield on November 10th.

Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.

Upcoming Community Events

November 2	CCHHS and CountyCare promotion at Congressman Luis Gutierrez's Senior Resource Fair which will take place at the Clemente Community High School located at 1147 North Western Avenue in Chicago.
November 5	CCHHS and CountyCare promotion at the Oakton Community Center's Boomers and Beyond Health Fair which takes place at Skokie Park District's Exploratorium located at 4701 Oakton Street in Skokie.
November 5	CCHHS and CountyCare promotion at the NLEI's (National Latino Educational Institute) Career in Trades Expo which will take place at their school located at 2011 W. Pershing Road in Chicago. In addition, CCHHS' Human Resources Department will have a representative about how to apply for employment in the System. NLEI is a leading vocational education institute in the Chicago area and they hold these expos to provide students with employment and other resources in the fields of healthcare utilities, transportation, and construction.
November 5	CCHHS and CountyCare promotion at the Village of Sauk Village's Resource Fair which takes place at Village Hall located at 21801 S. Torrance Ave. in Sauk Village.
November 7	CCHHS and CountyCare promotion at New Grace Emmanuel Community Church of God in Christ's Health Fair which takes place at the church grounds located at 2734 East 83rd Street in Chicago. CCHHS Staff from Provident Hospital will be performing health screenings at the health fair.
November 10	CCHHS and CountyCare promotion at Triton College's Military & Veteran's Job Fair which will take place at school's gymnasium located at 2000 Fifth Avenue in River Grove. CCHHS' Human Resources Department will have a person available at this event to promote employment opportunities within the System.
November 10	CCHHS and CountyCare promotion at the Oak Park Veterans Center's Winter Standown for Homeless Veterans which takes place at the Humboldt Park Armory located at 1551 North Kedzie Avenue in Chicago. In celebration of Veteran's Day, the Oak Park Veterans Center of the VA is hosting a resource event at the Armory in Humboldt Park. Numerous agencies and companies participate to provide articles of necessity for homeless veterans, like coats, groceries, health screenings, job and fitness information, etc. Health is a prime component of keeping veterans and their families informed.
November 13	CCHHS and CountyCare promotion at the Bremen Township & Together We Cope's Resource Fair which takes place at Township's offices located 16361 S. Kedzie Avenue in Markham.
November 18	CCHHS and CountyCare promotion at Alderman Gilbert Villegas, State Representative Luis Arroyo, and Cook County Commissioner Luis Arroyo Jr.'s Community Resource Fair which will take place at Fosco Park located at 1312 South Racine in Chicago. CCHHS'

Human Resources Department will have a person available at this event to promote employment opportunities within the System.

November 19	CCHHS and CountyCare promotion at State Representative Arthur Turner's Career & Resource Fair which will take place at Prosser Career Academy located at 2148 North Long Ave. in Chicago. CCHHS' Human Resources Department will have a person available at this event to promote employment opportunities within the System.
November 21	CCHHS and CountyCare promotion at the Greater Bethlehem Healing Temple's Thanksgiving Community Event which takes place at the church grounds located at 12 South Oakley Blvd. in Maywood.
November 21	CCHHS and CountyCare promotion at the Mayor's Office of People with Disabilities' 13th Annual Summit for Youth with Disabilities at their building located at 2102 West Ogden Avenue in Chicago. The Mayor's Office of People with Disabilities holds this annual informational and resource event for youth with disabilities especially targeting those receiving social security benefits. All parents/guardians, educators, vocational professionals, and service providers are invited to participate.
November 23	CCHHS and CountyCare promotion at the Blue Island School District's 5th Annual Blue Island Community Health Fair which takes place at Veterans Memorial Middle School Gymnasium located at 12320 S. Greenwood Avenue in Blue Island.
November 23	CCHHS and CountyCare promotion at Congressman Luis Gutierrez's Senior Resource Fair which will take place at the Clemente Community High School located at 1147 North Western Avenue in Chicago.
November 23 & 26	CCHHS and CountyCare promotion at the Alderman Cardenas' Thanksgiving Turkey Raffle and Thanksgiving Day Brunch . Both events will take place at the McKinley Park Fieldhouse located at 2210 W. Pershing Rd in Chicago. Alderman Cardenas holds these gatherings to ensure that his constituents have the resources to celebrate the season.
November 24	CCHHS and CountyCare promotion at Governors State University's Health & Human Services Career Fair which will take place at Main Hall located at 1 University Parkway in University Park. CCHHS' Human Resources Department will have a person available at this event to promote employment opportunities within the System.

Based on the success of the **"Back to School"** initiative at **City Colleges of Chicago**, we will keep up this type of outreach to their students by participating in monthly fairs at the different colleges. We will be promoting the medical services provided by the System's health centers and hospitals and also be providing Medicaid enrollment information for the students. The dates and locations are the following:

- November 4 - **Harold Washington College** - 30 East Lake Street, Chicago
- November 10 - **Malcolm X College** - 1900 West Van Buren, Chicago
- November 11 - **Wilbur Wright College** - 4300 North Narragansett, Chicago
- November 17 - **Olive Harvey College** - 10001 South Woodland, Chicago
- November 18 - **Truman College** - 1145 West Wilson, Chicago
- November 19 - **Kennedy King College** - 6301 South Halsted, Chicago